

2014 Guidelines

The Cure for the Common Code



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AIA AAH - Liaisons to Health Guidelines Revision Committee - HGRC

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Presentation

- Intro/Background
- FGI Process
- Straw Poll Parameters
- Tier 1 – 25 slides
- Tier 2 – 25 slides
- Tier 3 – 34 Slides

***For 84 proposed changes now
being considered by FGI***



Further Review

- ❖ **Go to FGI website to submit your individual comments**
- ❖ **Power point presentation available**
- ❖ **'Voting' spreadsheet available**

- ❖ ***We are ready to travel or have add' l 'go-to' meetings***



What are the 'Guidelines'...???

- ❖ Adopted as 'state standard' in 39 states
- ❖ Recommended as 'reference' in the 10 remaining states

Provides minimum 'standards' for:

- **Hospitals:** Primary Care, Critical Access, Rehabilitation, Psychiatric
- **Outpatient facilities:** Primary Care Centers, Freestanding Outpatient Diag./Treatment Centers, Urgent Care Centers, Cancer Treatment, Outpatient Surgical, Office Surgery, Gastro/Endo, Renal Dialysis, Outpatient Psych., Outpatient Rehabilitation
- Minimum site planning, functional program, room sizes/clearances, patient handling, infection prevention, architectural details, and surface and furnishings
- Minimum engineering design criteria for plumbing, electrical, and heating, ventilation, air-conditioning (HVAC), IT, special systems & elevators.



the 'Guidelines'...

***Accountable,
Credible &
Enforceable.....***



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Guidelines for Design and Construction of Health Care Facilities

Our Mission:
Promote the process of producing consensus-based guidelines and publications, advised by research, to advance quality health care.

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The Guidelines



The 2010 Edition

Click the button below to access information about purchasing the 2010 edition and links to the 2010 errata sheet and addenda to ANSI/ASHRAE/ASHE 170.

[read more](#)

Revision Process



Read about the 2014 FGI *Guidelines* draft and public comment period. Architects, engineers, clinicians, and other interested parties are invited to submit comments until November 22, 2012.

[read more](#)

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DRAFT OF 2014 FGI GUIDELINES OPEN FOR PUBLIC COMMENT

The draft manuscript for the 2014 edition of the FGI *Guidelines for Design and Construction of Health Care Facilities* has been posted for public comment:

For more details about the draft and the comment period, visit the [Revisions](#) page of this website.

To see a list of major proposed changes to the 2010 edition, read the [press release](#) announcing the comment period.

To download the 2014 draft and register to submit your comments on the proposed changes, visit the Facility Guidelines Institute [comment site](#).



FGI Proposal Process

- ❖ **Proposals were submitted by Public & 'Rep's' of Organizations (AAH, AORN, AHJ's...)**
- ❖ **Already vetted/reviewed at least 5-6 times**
- ❖ **HGRC members (+/- 130) - Architects, Engineers, Facility Mgrs., HC Researchers, Owners, Contractors, Med. Staff, AHJ's.....**
- ❖ **Substantiated by: research, current best practice, operations, code changes.....**
- ❖ **Appendix is for 'supporting information' only**
- ❖ **The main text is written to be 'code'**

AAH 'Straw Poll' Process

- ❖ 84 issues to review
- ❖ AAH 'straw poll' to be submitted as a Group
- ❖ Seeking 'Concept Approval'
- ❖ Not semantics, word-smithing or debate
- ❖ This is a 'quick straw/gut check' poll on the proposals....
(not weighing the evidence...)
- ❖ We will be moving fast.....



AAH 'Straw Poll' Process

- ❖ When giving your 'gut check'....
- ❖ Either vote **'yes' or 'no'** on the recommendation for each issue
- ❖ If you have **'no opinion'**, don't vote....
- ❖ If you wish to **'dig deeper'** – submit your individual comment on the FGI Website....

Question 1-25 Survey Results

1

2.1 & 3.1 - 6.1.1.1 VEHICULAR DROP-OFF & PEDESTRIAN ENTRANCE

~~This shall be at grade level, sheltered from inclement weather, and accessible to the disabled.~~

A minimum of one well-marked, illuminated drop-off or entrance shall be reachable from grade level.

Appendix: Covered/canopied entrances should be provided as required by the functional program.

- ❖ Covered Entry is 'operational' issue...
- ❖ Same text for OP Facilities Common.

Recommendation:

ACCEPT



Survey – 113 total

Yes	59%
No	26%
Split	15%



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2 2.1-7.2.4.2 & 3.1-7.2.4.2 CASEWORK, MILLWORK, AND BUILT-INS

A work space, work area, work counter, or work surface, wherever required in Part 2, shall have a min. of **4 sf of contiguous clear surface** for **each person** programmed to work in the space at the same time.

❖ **Enforceability – functional program issue**

❖ **Also in 3.1 OP Facilities**

Recommendation:

REJECT



Survey – 140 total

Yes	99%
No	1%
Split	%



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3 2.1 - 7.2.2.14 & 3.1 - 7.2.2.14 DECORATIVE WATER FEATURES

Installation of indoor, unsealed (open) water features

shall **not** be permitted.

❖ Eliminates potential Legionnaires & other infection control issues....

❖ Also in 3.1 OP Facilities

Recommendation:

ACCEPT



Survey – 97 total

Yes	54%
No	33%
Split	13%



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4 2.1-2.6.7 & 3.1 – 3.6.7 Nourishment Area or Room

Sink **Hand-washing station**

~~A hand-washing station shall be located in the nourishment room or adjacent to the nourishment area.~~

- ❖ Only 1 'sink' to be required in the room – you can wash hands and dishes in same sink...
- ❖ Also in 3.1 Outpatient Facilities as well

Recommendation:

ACCEPT



Survey – 126 total

Yes	97%
No	3%
Split	%



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5 2.1 - 8.4.3.2 & 3.1 – 8.4.3.2 HAND-WASHING STATION SINKS

Design of sinks shall not permit storage beneath the sink basin
(in casework) and in areas below the sink open to the floor.

- ❖ Occurs in Op Facilities as well....
- ❖ Proposed by Infection Control Comm. of HGRC
- ❖ Clean storage...??? Trash cans...???



Recommendation:

REJECT – SEND BACK FOR CLARIFICATION

Survey – 126 total

Yes	88%
No	12%
Split	%

6

2.2 - 3.3.2.1 & 3.7 - 3.6.2.2 OR'S (HOSPITAL & OP SURGERY)

Documentation area.

A counter, table area or desk, or storage for a movable table shall be provided.

the primary

If the documentation area is **built-in feature**, it shall allow for visualization of the patient.

- ❖ AAH Change is to add word 'primary' built-in feature
- ❖ Used by circulating nurse & Anesth. during surgery
- ❖ Planning/layout issue...
- ❖ Patient Safety Issue...
- ❖ Same as OP Surgery...

Recommendation:

ACCEPT W/AAH CHANGE



Survey – 140 total

Yes	70%
No	25%
Split	5%

7

2.2 - 3.3 & 3.7 - 3.3.1.2 OPERATING ROOMS

Operating Room Classifications

~~Class A~~
~~Class B~~
~~Class C~~

- ❖ OR 'Classifications' to be deleted
- ❖ Occurs in both Hospital & OP Surgery
- ❖ Min. standards already exist for OR's & Procedure rms in Guidelines

Recommendation:

Accept

Survey – 114 total

Yes	100%
No	%
Split	%



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8

2.2 - 3.3.2.2 & 3.7 - 3.3.2.2 OR'S FOR SURGICAL PROCEDURES

that require add'l personnel and/or large equipment (e.g., **some** orthopedic and neurological procedures)

Min clear floor area of 600 sf & min clear dimension of 20 ft

Proposed language

OR's with surgical procedures that require add'l personnel and/or large equipment (e.g., cardio, ortho, and neuro procedures) shall be sized as outlined in the functional program.

Move 'info' to Appendix: A2.2-3.3.2.2

Some complex procedures (orthopedic - hip replacements and neurosurgical operations) may require rooms as large (or larger) than the 600 sf min clear floor area & dimension listed for the Image Guided Surgery above.

❖ What does 'some' mean??? it is un-e

Recommendation:

ACCEPT W/AAH CHANGES

Survey – 137 total

Yes	100%
No	%
Split	%



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9

2.2 - 3.3.6.14 & 3.7 - 3.6.14 SATELLITE STERILE PROCESSING

- Sharing between two or more OR's shall be permitted
- Consists of a decontamination and a clean work area
- Designed to provide a one-way traffic flow of 'dirty' to 'clean' materials/instruments.
- 2 doorways into OR(s) or semi-restricted area (corridor or 'clean core')

Appendix:

One - way traffic flow of 'dirty' to 'clean' materials/instruments is similar to the cleaning/sterilization flow/process in Central Services or Respiratory Therapy.

- ❖ Supported by AORN & Infection Control - HGRC
- ❖ Significant conceptual change to OR design
- ❖ Provide the same process in OP Surgery

Recommendation:

REJECT & ACCEPT WITH AAH C

Survey – 144 total

Yes	61%
No	27%
Split	12%



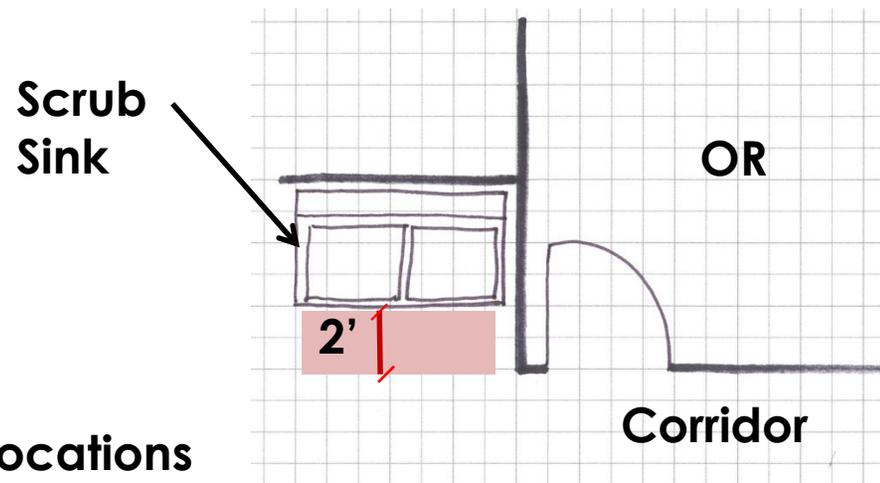
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10 2.2 - 3.3.6.5 & 3.7..... SURGICAL HAND SCRUB FACILITIES

scrub sinks - located out of main traffic areas

if in an alcove, the alcove no less than 2 ft deeper than sink.



❖ This proposal is in multiple locations throughout Guidelines – OP Surgery, Endo, OP Endo, Cath Lab...

Recommendation:

ACCEPT

Survey – 109 total

Yes	75%
No	14%
Split	11%



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11 2.2 - 3.3.3.2 PRE-OPERATIVE PATIENT CARE AREA

Shall be under the direct visual control of the nursing staff

2.2 - 3.3.3.6 Support areas for pre & post-operative patient care

If built-in NS provided, it shall allow for visualization of patient

3.7-3.4.1.1 Pre-operative Patient Care Area

Under the direct visual control of the nursing staff.

3.7-3.4.2.1 Phase I post-anesthesia recovery room(s).

Staff shall have direct sightlines to patients.

❖ What part is visible – patient head/foot, cubicle ‘edge’...???

❖ Are cameras acceptable...???



Recommendation:

REJECT & SEND BACK FOR CLARIFICATION

Survey – 138 total

Yes	100%
No	0%
Split	0%

12 2.2 - 3.3.3.2 & 3.7..... PRE-OPERATIVE PATIENT CARE AREA

Hand-washing station - **located no more than 15 ft from each patient care station.**

- ❖ 15' from where??? Edge of stretcher??? Foot of stretcher??? cubicle curtain??? Head of patient.....???
- ❖ This proposal is in multiple locations throughout Guidelines



Recommendation:

Reject - use '1 per 4 beds - un

Survey – 142 total

Yes	96%
No	4%
Split	0%



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13 2.2 - 3.3.3.3 & 3.7 - 3.4.2.1 PHASE I - PACU

min. of 1.5 post-anesthesia patient care stations

per OR or major fraction thereof...

❖ New min. standard from American Society of Anesth....

❖ Uses same requirements for both Hospital & OP Surgery

Recommendation:

Accept

Survey – 128 total

Yes 100%

No 0%

Split 0%



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14 2.2 - 2.11.11.2 / 3.3.7.2 / 3.3.7.1 & 3.7 - 3.7.2.2 STAFF CHANGING AREAS

Existing text to be deleted

~~laid out to encourage one-way traffic and eliminate cross-traffic between clean and contaminated personnel.~~

Proposed text

provided immediately accessible to the cesarean delivery (Surgical Suite) suite.

❖ Eliminates 'one - way traffic' concept

❖ Uses same language in Surgery & OP

Recommendation:

ACCEPT

Survey – 105 total

Yes	65%
No	29%
Split	6%



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15 2.1-2.7.4 STAFF REST AREAS

A designated nap room to facilitate rest for staff - in nursing units and patient care areas that have 24 hour/7 day-a-week missions.

- ❖ Every patient unit, Emergency, Imaging – would each have their own ‘nap’ room...
- ❖ Operational issue - not a building problem



Recommendation:

Reject

Survey – 142 total

Yes	97%
No	3%
Split	0%



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16 2.1- 5.2.2.1 & 2.1- 5.2.3.2 SOILED AND CLEAN LINEN HANDLING AREAS

Linen processing - located in separate building on the hospital campus, a service entrance protected from inclement weather shall be provided for loading and unloading of linen

as required by the functional program.

- ❖ 'functional program' added by AAH
- ❖ Operational issue – not enforceable
- ❖ Not req'd for mat'ls dock...

Recommendation:

Accept w/ AAH Changes...



Survey – 96 total

Yes	99%
No	1%
Split	0%

17 2.2 - 2.6.2.6

CRITICAL CARE UNIT - TOILET RM OR SOILED UTILITY RM

The toilet or soiled utility room – shall be equipped with bedpan washer or a flushing clinical sink with a bedpan-washing/rinsing device.

A hand-washing station shall **NOT** be required in the toilet or soiled utility room.

❖ Not an **'issue'** with Infection Control people on HGRC

❖ **No 'hand-wash sink' in room with bedpan washer**

Recommendation:

REJECT

Survey – 141 total

Yes	100%
No	0%
Split	0%



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18

2.2 - 3.1.3.3 EMERGENCY - RECEPTION, AND TRIAGE AREAS,

The waiting area shall be visible to clinical staff from the reception or triage areas to permit observation of patients waiting for treatment.

- ❖ What does 'visible & observation' mean...???
- ❖ Planning/layout solution issue...
- ❖ Does 'observation include 'cameras'...???



Recommendation:

REJECT & SEND BACK FOR C

Survey – 144 total

Yes	93%
No	0%
Split	7%

19 2.2 - 3.1.6.2 SECURITY CONTROL STATION.

Where required by the functional program , a security station system shall be located near the ED entrances and triage/reception area

to permit observation of the public waiting area and main ED entrances, including pedestrian and ambulance entrances, for control of access to the treatment area.

- ❖ *Note - that 'system' is to be deleted*
- ❖ *What does 'observation' mean...???*
- ❖ *Planning/layout solution issue...*
- ❖ *Does 'observation include 'cameras' ???*



Recommendation:

REJECT & SEND BACK FOR C

Survey – 133 total

Yes	100%
No	0%
Split	0%

20 2.1-2.2.6.4 SPECIAL DESIGN ELEMENTS

**Grab bars shall be provided on both sides of the toilet.
(In all patient toilets.....)**



- ❖ Easier for patients to get up from toilet –
- ❖ But, more restrictive than ADA – **Guidelines is min. standard**

Recommendation:

REJECT

Survey – 141 total

Yes	95%
No	5%
Split	0%



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21

2.4 - 7.1.1 BUILDING CODES

The diagnostic and treatment locations, service areas, and public and administrative areas –

fall under the business occupancy provisions of the applicable life safety and building codes -

if separated from the inpatient portion of the facility by two-hour construction.

- ❖ Business occupancy can be non-sprinklered and un-rated construction
- ❖ Not accepted by CMS

Recommendation:

REJECT...SHOULD BE BUILT

Survey – 139 total

Yes	100%
No	0%
Split	0%



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22 3.1 - 8.7.2.3 ELEVATORS - DIMENSIONS

Where outpatients are expected to be transported between different levels on stretchers – (such as facilities with OR's & recovery rooms on different floors), elevator cars shall have a min. inside floor dimension of not less than 5 ft.

Proposed size....

❖ Option A: 5' – 8" x 9' - 0" (2010 Guidelines (Inpatient))

❖ Option B: 5' – 8" x 8' - 5" (5,000lb. elevator)

❖ Option C: 5' – 8" x 7' - 9" (4,500lb. elevator)

❖ Option D: 5' – 8" x 7' - 3" (4,000lb. elevator)

(Transport stretcher is approx. 7' – 1" to 7' – 3" long)



Recommendation:

YOU 'MAKE' THE CALL...

Survey – 116 total

Option A	56
Option B	29
Option C	29
Option D	3

23

3.1- 3.2.2

GENERAL PURPOSE EXAMINATION/OBSERVATION RM

Area.

Each exam/observation room - min. clear floor area of 80 sf.

Clearances.

Room arrangement shall permit a min. clear dim. of **2' – 8"** at each side & foot of the exam table, recliner, or chair.

❖ **Option A: 2' – 8"**
clearance halfway down the length of exam table

❖ **Option B: 2' – 8"**
clearance down the entire length of exam table

Recommendation:

YOU MAKE THE 'CALL'....

Survey – 141 total

Option A 136

Option B 6



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24 3.7 - 6.1.1 OP SURGERY ENTRANCE

~~A covered entrance shall be provided for pickup of patients after surgery.~~

~~The entrance covering shall not be required to cover the driveway or street areas but only the patient entrance of the building.~~

A minimum of one well-marked, illuminated drop-off or entrance shall be reachable from grade level.

❖ **AAH Proposed Change - Make the same as Hospital...**

❖ **These entries meet current 'Guidelines'...**



Recommendation:

ACCEPT

Survey – 121 total

Yes	91%
No	9%
Split	0%



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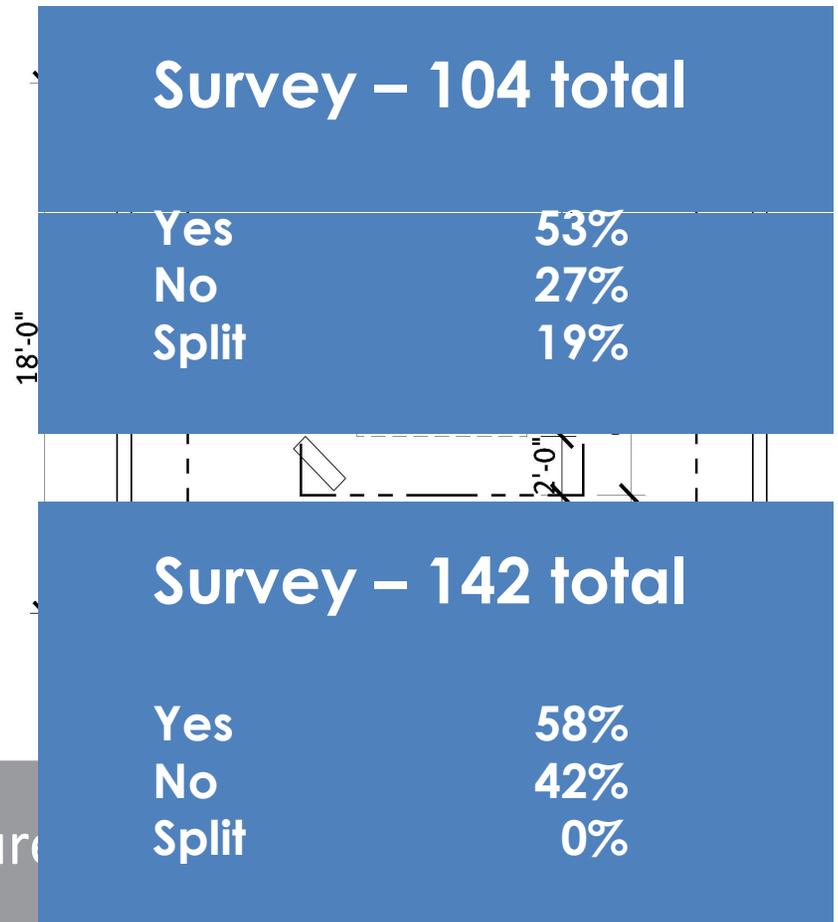
25 3.7 - 3.3.2.1 GENERAL OPERATING ROOMS

**In new construction & renovation,
min clear floor area of 360 sf,
min clear dimension of ~~18~~ 16 ft**

- ❖ Is this 'OR' of 360sf OK...???
- ❖ AAH proposed change - 18' to 16'
- ❖ Current 'Class C' - 400 sf & min. clear dimension of 18 ft and is also the current minimum for renovated Hospital OR's...

Recommendation:

- 1) ACCEPT 'OR' SF
- 2) ACCEPT W/AAH CLEAR DIMENSION



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Sample Poll Question



Guideline Poll - Illustrative Example

0 0.0 Illustrative Example Cheese Cake

~~Cheese Cake be provided in all areas~~

0.0 (remove in its entirety)

Appendix: (make no reference to cheese cake)

✓ Cheese Cake is an 'operational' issue

✓ Cheese Cake not a 'building' issue

Our Recommendation: _____

REJECT THE PROPOSED CHANGE - do you agree?

Individuals
Check

YES or NO

Groups

Check

Majority

(60% +)

opinion

YES or NO

Groups

If no Majority

(60% +)

opinion

Check SPLIT

YES

NO

SPLIT



Let the Games Begin...



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The 'Middle 25' Issues/Questions



Chapter 2.1

Hospitals

26

2.1-2.2.6.2 PATIENT TOILET ROOM

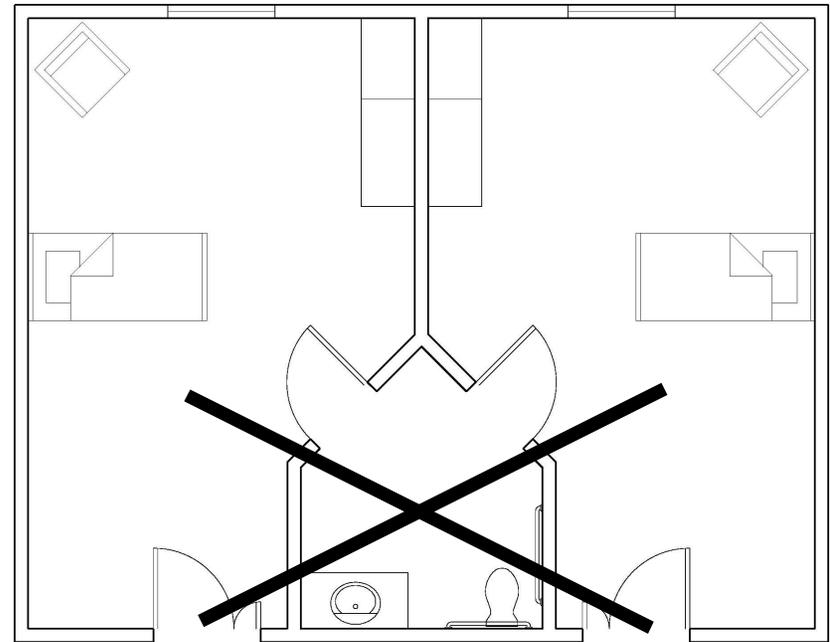
The patient toilet room shall serve no more than

~~two~~ one patient rooms and no more than two ~~four~~ beds

- ❖ Infection control & patient safety issue.....
- ❖ Eliminates the 'shared' patient toilet between 2 patient rooms

Recommendation:

ACCEPT



27 2.1-3.2.2.1 SINGLE - PATIENT EXAMINATION ROOM

minimum clear floor area of 120 sf
with a min. room dimension of 10 ft.

~~(a) A minimum clear dimension of 5 feet shall be provided
between the sides of adjacent patient beds.~~

**(b) min. clear dim. of 4 ft - between the sides of patient beds
and adj. walls or partitions.**

❖ (a) AAH deletion – not req'd in single patient rm...

❖ (b) Adds min. room dimension and clearances...

Recommendation:

(A) ACCEPT W/ AAH CHANGE....

(B) ACCEPT



28 2.1-3.2.3 MULTIPLE - PATIENT EXAMINATION ROOM

shall have separate patient cubicles with a minimum clear floor area of 80 sf per cubicle.

(a) min. clear dim. of 5 ft - between sides of adj. patient beds.

(b) min. clear dim. of 4 ft - between the sides of patient beds and adj. walls or partitions.

❖ **Adds min. clearances**

Recommendation:

ACCEPT



29

2.1- 4.3.6

SUPPORT AREAS FOR FOOD AND NUTRITION FACILITIES

- ❖ **100% re-write of the entire section**
- ❖ ***Written by ‘workgroup’ of Food Service Consultants – from 3 different firms***
- ❖ ***Oversight by AAH Standing Committee***
- ❖ ***Section hasn’t been touched in over a decade***

- ❖ **See website for actual language....**

Recommendation:

ACCEPT



30

2.1- 6.3.5

MEDICAL RECORDS AREA

(1) Space & shall be provided as required by the functional program.

(2) Storage area(s) shall be provided as required by the functional program for forms/documents, electronic media, or electronic storage devices used to create medical records.

- ❖ Same throughout entire Guidelines
- ❖ Functional program to be 'driver' of spatial needs
- ❖ Technology is changing rapidly – space needs should be operationally driven

Recommendation:

ACCEPT



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31

2.1-2.6.12.2 ENVIRONMENTAL SERVICES ROOM

Each environmental services room shall be provided with the following:

- (1) A service sink or floor receptor
- (2) Provisions for storage of supplies and housekeeping equipment
- (3) A hand sanitation station –

if required by the functional program

❖ **Proposed 'functional program' text by AAH**

❖ **Operational issue – Not Guidelines...**

Recommendation:

ACCEPT W/ AAH CHANGE



32 2.1-7.2.2.8 HAND-WASHING STATIONS

Hand sanitation dispensers shall be provided in addition to hand-washing stations **if required by the functional program**



- ❖ Add'l proposed text by AAH
- ❖ Operational issue – Not a Guidelines issue...
- ❖ This in multiple locations throughout Guidelines

Recommendation:

ACCEPT W/ AAH CHANGES



33

2.1 - 7.2.3.2 FLOORING

The floors of soiled workrooms, environmental services rooms with mop sinks, public bathrooms, and other areas subject to frequent wet cleaning shall be:

monolithic and the flooring material carried up the walls to provide an integral coved wall base

- ❖ Would require monolithic floor & integral coved bases in all Toilets, Jan Closets...
- ❖ Operational issue vs. building problem...

Recommendation:

MOVE TO APPENDIX



34

2.1 - 8.4.2.5 HOT WATER SYSTEMS.

~~(2) Hot water distribution systems serving patient/resident care areas shall be under constant recirculation to provide continuous hot water at each hot water outlet. Non-recirculated fixture branch piping shall not exceed 25 ft in length.~~

~~*(4) Provisions shall be included in the domestic hot water system to limit the amount of *Legionella* bacteria and opportunistic waterborne pathogens.~~

- ❖ AAH change – don't delete this text
- ❖ Same text was 'kept' in OP Facilities – Common Elements

Recommendation:

REJECT THE DELETION... KEEP IN THE GUIDELINES

35 2.1-7.2.2.10 & 3.1-7.2.2.10 HANDRAILS

Handrails be installed on both sides of the patient use corridor.

- ❖ In both Hospital & OP Facilities
- ❖ Current text - handrails to be located as per the functional program
- ❖ Added for increased patient ambulation & safety



Recommendation:

- 1) ACCEPT FOR HOSPITALS
- 2) REJECT FOR OP FACILITIES

And now...
A
Musical Interlude
or
Deep Dive



29 2.1- 4.3 FOOD AND NUTRITION FACILITIES

- ❖ **100% re-write of the entire section**
- ❖ ***Written by ‘workgroup’ of Food Service Consultants – from 3 different firms***
- ❖ ***Oversight by AAH Standing Committee***
- ❖ ***Section hasn’t been touched in over a decade***
- ❖ **See website for actual language....**

Recommendation:
ACCEPT



2.1- 4.3

FOOD AND NUTRITION FACILITIES

Limitations

FDA - U.S. Food and Drug Administration

USDA - U.S. Department of Agriculture

UL - Underwriters Laboratories Inc.

NSF - National Sanitation Foundation International

Day lighting/Windows

Appendix

- ❖ Natural Day lighting should be considered for preparation and serving areas where temperatures can be maintained to reduce lighting requirements and enhance staff productivity.
-



2.1- 4.3 FOOD AND NUTRITION FACILITIES

Receiving similar

Appendix

- ❖ The 4' wide receiving door is sized to fit a pallet/transport nominally 40" wide.
 - ❖ In facilities over 250 beds space should be allowed for a receiving desk or office at the receiving dock.
 - ❖ The functional program for the receiving dock should include but is not limited to, dock levelers, dock depth of 10'-12', automatic doors, vestibules (depending on climatic conditions), multiple truck bays, ramps from grade, height of dock, balers.
-

2.1- 4.3

FOOD AND NUTRITION FACILITIES

Dry Storage

- ❖ Provide **minimum 36" aisles** between storage units

Appendix

- ❖ Aisles with pallet/transport traffic to be a **min. of 42" wide**
 - ❖ Room temperature should be maintained below 72 degree temperature and 55 percent relative humidity for reduction in food spoilage.
 - ❖ Majority of shelving in space should be 21-24" wide
 - ❖ Children's Hospitals or Hospitals with over 25 Pediatric/NICU beds should have a separate storage area for formula and mother's milk on the patient unit near the patient beds.
-

2.1- 4.3

FOOD AND NUTRITION FACILITIES

Emergency Storage

- ❖ Provide emergency or disaster food and water storage as per the functional program.
- ❖ Provide emergency utility support for refrigerated storage and food preparation and serving as per the functional program.

Refrigerated Storage

a lot of new info....

Appendix

a lot of new info....



2.1- 4.3

FOOD AND NUTRITION FACILITIES

Food Preparation Areas

- ❖ Provide hand-washing stations **within 20' of** each food preparation or serving area.

Appendix

- ❖ The recommended height of the bottom edge of exhaust hood should be a minimum of 6'-9" AFF based on capture and containment requirements for exhaust and grease
 - ❖ The critical clearance face between the exhaust canopy and all **HVAC system diffusers should be 10'** to minimize air flow cross circulation
-

2.1- 4.3

FOOD AND NUTRITION FACILITIES

Assembly and distribution.

Appendix:

- ❖ The functional program should describe the patient meal service process and distribution. This may include a conventional patient tray line, room service, pantry service, or other methodology for serving patient meals.

Patient/Resident Service

a lot of new info....



2.1- 4.3

FOOD AND NUTRITION FACILITIES

Warewashing

similar

Soiled Tray and Cart Return

a lot of new info....

Appendix

a lot of new info....

Pot and Pan Wash

a lot of new info....



2.1- 4.3

FOOD AND NUTRITION FACILITIES

Cart Sanitizing

- ❖ A designated area shall be identified with a grated or sloped floor with floor drain and a source of water and sanitizing agents.

Appendix

- ❖ A high pressure water and chemical hose/spray system should be provided to facilitate cleaning.
 - ❖ A cart drying area, with floor drain should be provided where carts can air-dry prior to their next use.
-



2.1- 4.3

FOOD AND NUTRITION FACILITIES

Environmental services rooms
a lot of new info....

Waste Handling

Provide trash storage in preparation, serving and sanitation areas where covered trash containers can be held prior to removal to dock waste handling facilities.



2.1- 4.3 FOOD AND NUTRITION FACILITIES

Employee Facilities
similar

Offices
similar

Dining Area
similar



2.1- 4.3 FOOD AND NUTRITION FACILITIES

Vending Appendix

- ❖ The placement of vending equipment should be considered near staff facilities, area of high traffic and public waiting areas.
 - ❖ Vending equipment should be coordinated with interior finish design concepts through the use of custom or false fronts or enclosures that conceal commercial messages.
 - ❖ Trash collection devices should be integrated as part of any vending equipment complex.
 - ❖ Housekeeping facilities should be located near vending as they are high use areas.
 - ❖ The vending room may contain, but is not limited to, seating area, microwaves, and trash holding containers
-

29 2.1- 4.3 FOOD AND NUTRITION FACILITIES

- ❖ **100% re-write of the entire section**
- ❖ ***Written by ‘workgroup’ of Food Service Consultants – from 3 different firms***
- ❖ ***Oversight by AAH Standing Committee***
- ❖ ***Section hasn’t been touched in over a decade***
- ❖ **See website for actual language....**

Recommendation:
ACCEPT



Chapter 2.2

Specific Requirements - Hospitals



36

2.2 - 3.2 OBSERVATION UNIT

100% re-write of the entire section

New text incorporates:

- ***support space (nour, office, clean/soil rms, exam rm, office....)***
- ***patient care space sized the same as private patient rm.***
- ***With same clearances around bed as typ. patient rm or recovery bay.....***

❖ **See website for actual language....**

❖ **Original language wasn't 'complete'...**

Recommendation:

ACCEPT

37

2.2 - 3.13 HYPERBARIC SUITE

Hyperbaric facilities designated for clinical hyperbaric oxygen therapy, including hospital-affiliated and freestanding facilities.

100% new section

New text incorporates:

- ❖ **Min. sizes, clearances & types of chambers**
- ❖ **Support spaces**
- ❖ **Patient care spaces**
- ❖ **Facility/environment requirements**

Recommendation:

ACCEPT



Nursing Units



38 2.2 - 2.2.4.5 COMBINATION AIRBORNE INFECTION ISOLATION/PROTECTIVE ENVIRONMENT (AII/PE) ROOM

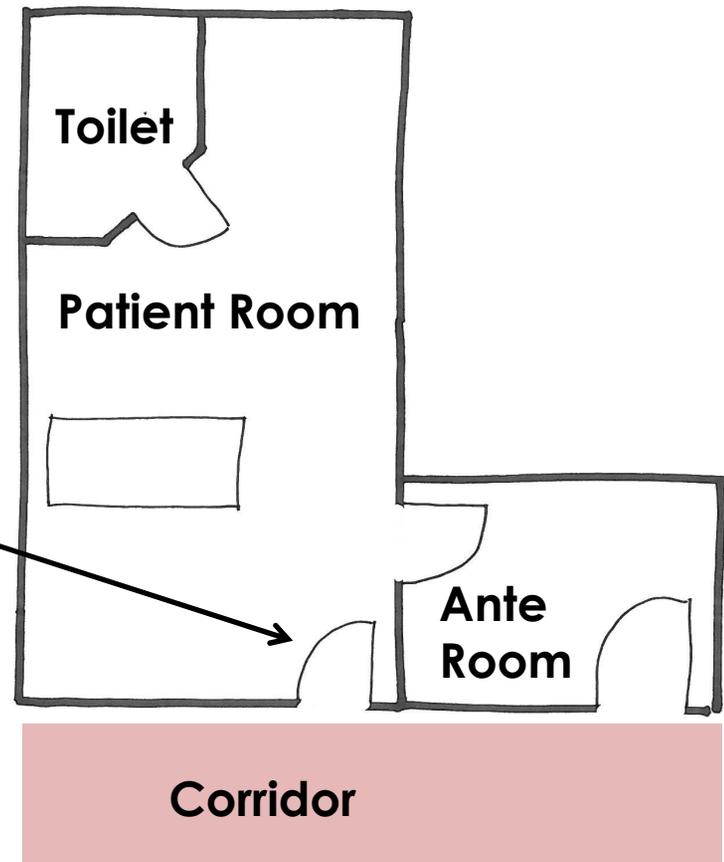
A door from the AII/PE room directly to the corridor shall be permitted with door seals & sweeps

Proposed door
With /seals & sweeps

❖ Access to room can also from corridor - not only Ante Room

Recommendation:

ACCEPT



39

2.2 - 2.10.2 NICU ROOMS AND AREAS

bed areas – min. clear dim of 4 ft between the sides of infant care beds and any wall or other fixed obstruction.

❖ **Adds min. dimension...**

Recommendation:

ACCEPT



Emergency



40

2.2 - 3.1.3.5 EMERGENCY - COMMUNICATIONS CENTER

If required by the functional program, communication connections to the regional emergency medical service (EMS) shall be provided and meet the following requirements:

The communications center shall be **directly accessible** ~~convenient~~ to the nurse station **and shall be permitted to be part of the nurse station and documentation area.**

❖ New text allows radios to be part of NS

Recommendation:

ACCEPT



Surgery



41

2.2 - 3.3.2.3 HYBRID OPERATING ROOM

Hybrid operating rooms - comply with the requirements in Section 2.2 - 3.3.2 (OR's) and in this section.

Totally new section.....

- *Clear dimensions*
- *Space requirements*
- *Delivery routes*
- *Structure*
- *Support areas (control, equipment, computer....)*
- *MEP systems*

❖ See website for actual language....

Recommendation:

ACCEPT



42

2.2 - 3.3.3.2 & 3.7..... PRE - OPERATIVE HOLDING

cubicle curtains - a min. clear floor area of **50 sf**

permanent partitions - (full or partial height or width) a min. clear floor area of **80 sf**

single-patient rooms - a min. clear floor area of **100 sf**

Clearances

(i) **walls/partitions** - min. clear dimension of **4 ft** between the sides of lounge chairs/stretchers, and **3 ft** between walls or partitions and the sides and/or foot of lounge chairs/stretchers.

(ii) **cubicle curtains** - a min. clear dimension of **5 ft** between the sides of patient beds/stretchers

❖ **In numerous locations throughout Guidelines**

❖ **Gives consistent floor areas and clear dimensions**

Recommendation:

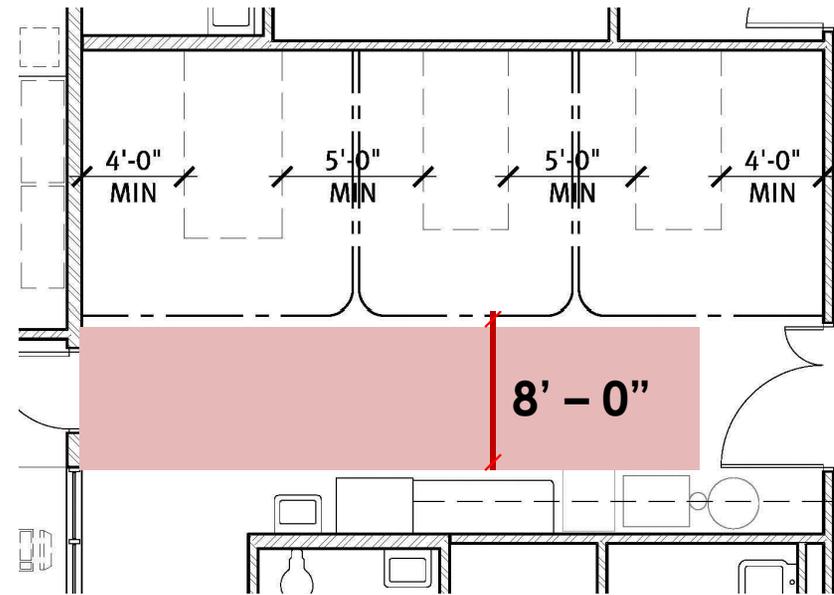
ACCEPT



43

2.2 - 3.3.3.2 PRE - OPERATIVE AREA

Aisle with a min. clearance of 8 ft between patient stations or other fixed objects.



❖ **Proposed Text - Hospital requirement to have 8' aisle**

Recommendation:

ACCEPT

44 2.2-3.3.6.1 & 3.7 - 3.6.1 NURSE/CONTROL STATION

A nurse/control station - in the unrestricted or semi-restricted area with direct visual observation of **all** traffic into the suite.

AAH Change - Delete this text

❖ **AAH Change – Both Hospital & OP Surgery the same**
All other entries shall be restricted and controlled by an access control system.

❖ **AAH change to 'delete' the word 'all'... & Add new text**

Recommendation:

- 1) ACCEPT DELETION of 'ALL'
- 2) ACCEPT NEW AAH ' ENTRIES" TEXT

2.2 - 3.3.6.9 CLEAN WORKROOM

(3) The clean workroom shall not be used for food preparation.
(existing language – we couldn't help ourselves.....)



Recommendation:

YOU HAVE GOT TO BE KIDDING....

45

2.2 - 3.3.6.15 ANESTHESIA STORAGE

Existing Text

~~An anesthesia workroom for cleaning, testing, and storing anesthesia equipment shall be provided.~~

Proposed Text

Space for storing and testing clean anesthesia equipment shall be provided as a portion of an equipment and supply storage room or in a separate anesthesia storeroom.

- ❖ **Eliminates the 'anesth work rm' –**
- ❖ **makes it a functional program or operational decision**

Recommendation:

ACCEPT



***Another
Musical Interlude
or
Deep Dive***

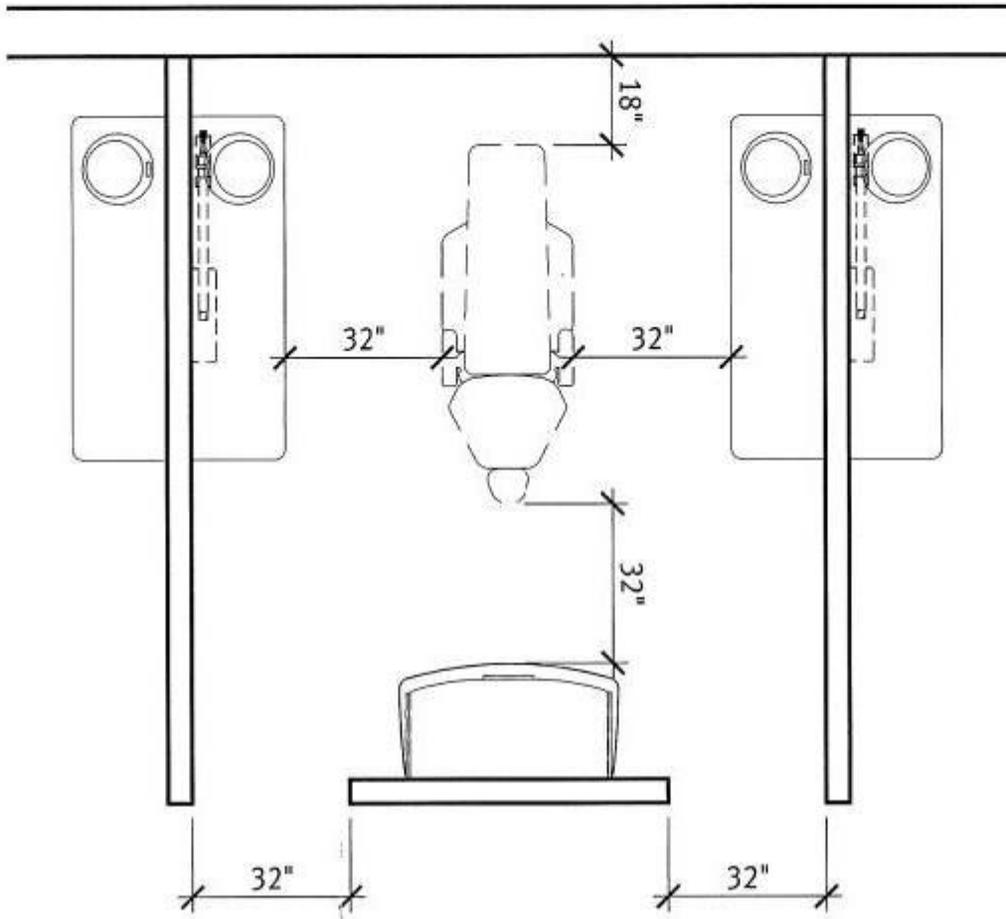


Specific Requirements for Dental Facilities

Includes: family and
pediatric dentistry



Dental Clinic Space Requirements



Hand-washing facilities

Private operator – single sink



Open operator – 1 sink between 2 chairs



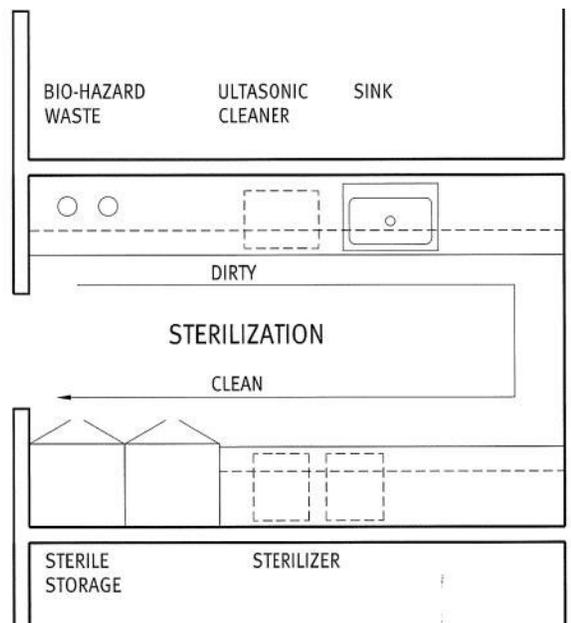
Observation and Pediatric Dentistry

- ❖ Parent seat locations = space
- ❖ Observation window in any “recovery” room.



Additional treatment spaces

- ❖ Pediatric – consult room should have a sink.
- ❖ Lab, Imaging and Sterilization as well as clean storage and soiled holding are required.
- ❖ A private consultation room.
- ❖ HVAC requirements as per ASHRE 170



Imaging



46

2.2-3.4.4.2

MRI SCANNER ROOM SPACE REQUIREMENTS

Clearances

min. clear dim. of 3 ft on all sides of the gantry or table -

for main. access and clearance around the table

sufficient to facilitate patient transfer.

❖ Adds minimum clearances around gantry/table

Recommendation:

ACCEPT



Chapter 3.7

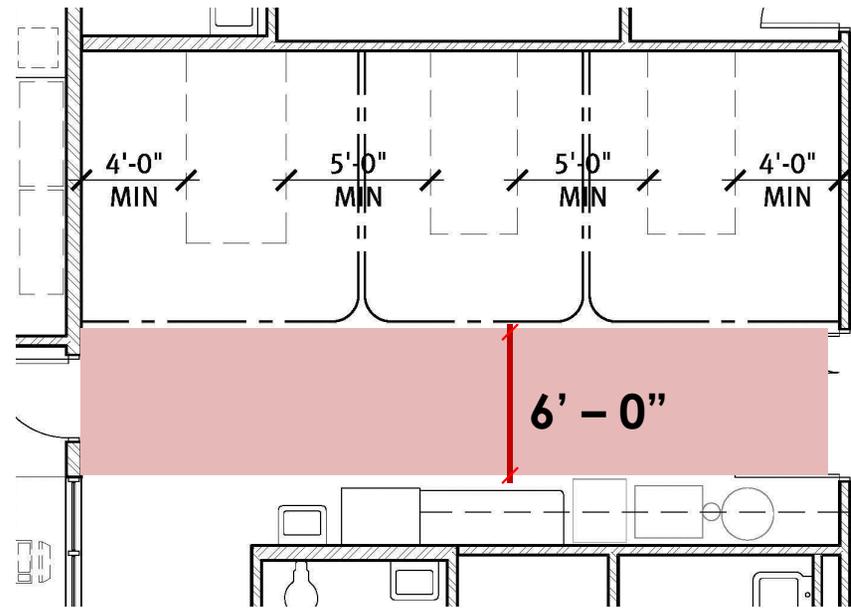
Outpatient Surgical Facilities



47 3.7 - 3.4.1.2 PRE - OPERATIVE AREA

Aisle with a min. clearance of 6 ft between patient stations or other fixed objects.

▲ AAH proposal for OP Surgery...



❖ This is an AAH proposal for OP Surgery

❖ Aisle at foot of patient station – patients typically walk or wheelchair to the OR....

Recommendation:

ACCEPT AAH PROPOSAL

48

3.7 - 3.4.2.2 PHASE II RECOVERY AREA

A patient toilet - direct access to the Phase II recovery unit for the exclusive use of patients.

Add'l toilets – 1 per 8 patient stations

**❖ Same as 'existing' Hospital – PACU - Phase II requirements....
for continuity on language/care...**

Recommendation:

ACCEPT



49

3.7 - 3.6.9.2 CLEAN SUPPLY ROOM

The clean supply room shall not be used for food preparation.



Recommendation:

ACCEPT – BUT, YOU HAVE GOT TO BE KIDDING...



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50 3.7 - 3.6.11 EQUIPMENT AND SUPPLY STORAGE

min. floor area of 50 70 sf per OR(s) up to two rooms

an additional 25 50 sf per add'l OR, whichever is greater.



❖ **Surgery suites are using corridors for overflow storage...**

Recommendation:

ACCEPT



'The Bottom 34'

Issues/Questions



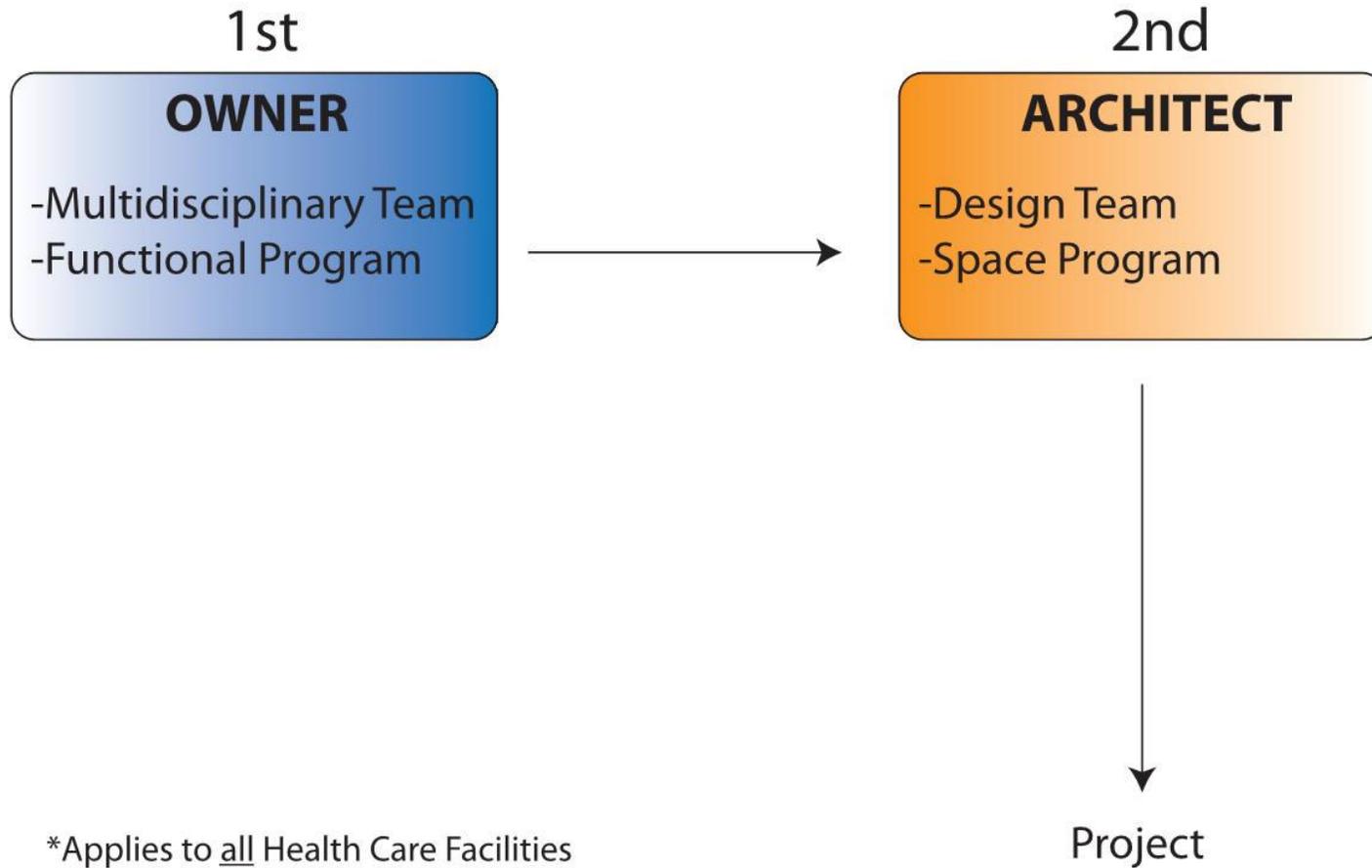
Musical Interlude
or
Deep Dive





Chapter 1.2
Planning, Design, Construction, and Commissioning

FUNCTIONAL PROGRAM



FUNCTIONAL PROGRAM

1. Purpose of the Project:

- Required services
- Environment of care
- Delivery care model
- Facility uses
- Systems design
- Layout/Operational planning
- Physical environment
 - light/views
 - wayfinding
 - control
 - privacy
 - safety/security
 - finishes
 - cultural responsiveness
 - water features

Also:

- projected operations
- circulation
- department relationships
- patient/staff/visitor needs
- communication operation



DESIGN TEAM

1. Space needs
2. Short and long term planning
3. FF&E, circulation patterns



ADDITIONAL INFORMATION

1. ICRA
2. Patient safety risk assessment
3. Patient handling and movement
4. Acoustics
5. Sustainable Design
6. Wayfinding
7. Bariatric needs
8. Disaster Planning



How Section 1.2 - P.D. & C. was viewed by AAH Standing Committee

1. It is a legal & public document
2. Does it put your client at 'legal' risk by requiring these items to be documented/published...???
3. Does every project require a Functional Program, PaSCRA.... regardless of the size....???
4. At what point is the Functional Program, PaSCRA....a document for the designer only and not for public dissemination...???
5. To be provided by the owner....
6. How is it enforceable...???
7. Does it expose your owners business plan to their competition...???

51

1.2 - 2.1.1

FUNCTIONAL PROGRAM REQUIREMENT

The owner or legal entity responsible for the outcome of the proposed health care facility design and construction project shall be responsible for providing a functional program to the project's architect/engineer and the authority having jurisdiction (AHJ).

- ❖ Every project - 'regardless of size' - requires a functional program

Recommendation:

MOVE TO APPENDIX

52

1.2 - 2.2.1

EXEC. SUMMARY - PURPOSE OF THE PROJECT

The narrative shall explain the circumstances that necessitate the project and how the proposed modifications will address, change, or improve these circumstances.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX



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53

1.2 - 2.3.1

FUNCTIONAL PROGRAM CONTENT - PURPOSE OF THE PROJECT

The physical, environmental, or operational factors, or combination thereof, driving the need for the project and how the completed project will address these issues shall be described.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX



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54

1.2 - 2.3.3 INDIRECT SUPPORT FUNCTIONS

The increased (or decreased) demands, throughput, workloads, staffing requirements, etc. imposed on support functions affected by the project shall be described.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX



55

1.2 - 2.3.4 OPERATIONAL REQUIREMENTS

The operational requirements, which include but are not limited to the following, shall be described:

1.2-2.3.4.1 Projected operational use and demand loading for affected departments and/or project components

1.2-2.3.4.2 Relevant operational circulation patterns, including staff, family/visitor, and materials movement

1.2-2.3.4.3 Departmental operational relationships and required adjacencies

❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

56

1.2 - 2.3.5 ENVIRONMENT OF CARE REQUIREMENTS

Describe the functional requirements and relationships between the environment of care and the physical environment.

- **Delivery of care model concepts**
- **Patients, visitors, physicians, and staff accommodation and flow.**
- **Systems design criteria.**
- **Physical environment.**
 - Light and views
 - Way-finding
 - Control of environment
 - Privacy and confidentiality
 - Security
 - Arch details, surfaces, furnishings characteristics and criteria
 - Cultural
 - Views of and access to nature

Recommendation:

MOVE TO APPENDIX

57

1.2 - 2.3.6
TECHNOLOGY REQUIREMENTS

Technology systems for the project shall be identified

to serve as a basis for project coordination and budgeting.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX



58

1.2 - 2.3.8

SHORT- AND LONG-TERM PLANNING CONSIDERATIONS

A statement addressing accommodations for the following as appropriate for the project shall be included:

- Future growth
 - Impact on existing adjacent facilities
 - Impact on existing operations and departments
 - Flexibility
- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

59

1.2 – 3

PATIENT AND CAREGIVER SAFETY RISK ASSESSMENT (PACSRA)

Multidisciplinary assessment process to proactively:

- **Identify and mitigate the conditions of the environment that can lead to adverse patient and caregiver safety events (infections, falls, errors, and immobility injuries....)**
- **Identifies - patient and caregiver population at risk, the nature and scope of the project, functional program, models of care, operational plans, and performance improvement initiatives**
- **Determines the potential risk associated with a hazard and identifies proposed solutions to mitigate the potential adverse event.**
- ❖ **Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???**

Recommendation:

MOVE TO APPENDIX

60

1.2 - 3.3

PATIENT HANDLING AND MOVEMENT ASSESSMENT

Multidisciplinary, documented assessment process:

- **Direct/assist the design team in incorporating appropriate patient handling and movement equipment into the health care environment.**
- **Equipment is to increase or maintain patient mobility, independent functioning, and strength**
- **And provide a safe environment for staff and patients during performance of high-risk patient handling tasks.**
- ❖ **Un-enforceable language – who determines appropriate...???**
- ❖ **Definition of ‘Safe environment’...???’ ‘High-risk’...???’**

Recommendation:

MOVE TO APPENDIX

61

1.2 - 3.5

Medication Safety Risk Assessment (MRA)

Multidisciplinary assessment conducted by the PaCSRA

- Identify and plan design elements to improve medication safety.
 - Identify medication safety zones and design features to mitigate risk based on the nature and scope of the project and the functional program.
-
- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX



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62

1.2 - 3.4

PATIENT FALL PREVENTION RISK ASSESSMENT (PFPRA)

Multidisciplinary, assessment conducted by the PaCSRA:

- **Identify and plan design elements to prevent falls and mitigate associated injuries.**
 - **Identifies the patient population at risk**
 - **Identifies the design features to mitigate fall and injury risk based on the nature and scope of the project and the functional program.**
- ❖ **Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???**

Recommendation:

MOVE TO APPENDIX

63 1.2 - 3.8 SECURITY RISK ASSESSMENT (SRA)

Addresses the unique characteristics of the facility

- Specific needs related to the protection of vulnerable patient populations,
- the security of sensitive areas,
- the application of security and safety systems,
- the infrastructure required to support these needs.

- Addresses external and internal security needs

- Security needs related to emergency management and response.

- ❖ Does your client want to put this information in writing for the public/competition to read...??? Or their lawyer...???

Recommendation:

MOVE TO APPENDIX

64 1.2 - 6.1 COMMISSIONING REQUIREMENTS

new or modifications to existing physical environment elements

critical to patient care and safety or facility energy utilization,

at minimum the following systems shall be commissioned:

- HVAC, Automatic temperature control,
- Domestic hot water
- Fire alarm and fire protection systems (integration with other systems)
- Essential electrical power systems

❖ Who enforces 'critical to patient care'...???

❖ Every project - regardless of size - requires commissioning...

Recommendation:

MOVE TO APPENDIX



1.2 - 2.1.1	Functional Program Requirement
1.2 - 2.2.1	Exec Summary - Purpose of the Project
1.2 - 2.3.1	Detailed Program - Purpose of the Project
1.2 - 2.3.3	Indirect Support Functions
1.2 - 2.3.4	Operational Requirements
1.2 - 2.3.5	Environment of Care Requirements
1.2 - 2.3.6	Technology Requirements
1.2 - 2.3.8	Short- and Long-Term Planning Considerations

❖ *All these sections put your owner 'at risk' in a public/legal document that can be 'disseminated' in their marketplace*

Recommendation:

All SHOULD BE 'MOVED TO APPENDIX'

Questions & Answers & Follow-up

Further Review

- ❖ **Go to FGI website to submit your individual comments**
- ❖ **Power point presentation available**
- ❖ **'Voting' spreadsheet available**

- ❖ ***We are ready to travel or have add' / 'go-to' meetings***





**Many, many, many
sincere & heartfelt
Thank You's to all
who have helped,
participated and are
now 're-engaging'
with the Guidelines**



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